



NORTHERN ARIZONA UNIVERSITY

LETTER OF RECOMMENDATION

Applicant's name

Program applied to

Under the Family Educational Rights and Privacy Act of 1974, a successful applicant has access to his or her admissions record, including recommendations. However, the right to see letters of recommendation may be waived, in which case such letters will be held in confidence. Consideration of the application will not be affected in any way by the applicant's decision whether or not to waive the right of inspection. By selecting "yes," you waive your right to examine letters of recommendation submitted in your behalf.

- The applicant elects to keep this recommendation confidential, waiving all right of access.
- The applicant elects to keep this recommendation non-confidential.

Applicant's signature

Date

Recommender: The person whose name appears on this form wishes to ask you for a recommendation regarding his or her qualifications. Your honest and careful statements and evaluation will be appreciated.

Recommender name

Affiliation

Recommender signature

Date

1. How long have you known the applicant? In what capacity?

2. Please address the applicant's greatest strengths and traits that would lead to success in the above-named graduate program and any weaknesses or areas that need improvement.

3. Overall evaluation:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

4. Do you have additional information or comments that could help us evaluate the applicant's appropriateness for our program?